

the Medicare, Medicaid, CHIP, and Exchange populations. A critical aim for CMS is to be an effective steward, major force, and trustworthy partner in supporting innovative approaches to improving quality, accessibility, and affordability in healthcare. CMS also aims to put patients first in the delivery of their health care needs.

The Medicare Current Beneficiary Survey (MCBS) is the most comprehensive and complete survey available on the Medicare population and is essential in capturing data not otherwise collected through our operations. The MCBS is a nationally-representative, longitudinal survey of Medicare beneficiaries that we sponsor and is directed by the Office of Enterprise Data and Analytics (OEDA). MCBS data collection includes both in-person and phone interviewing. The survey captures beneficiary information whether aged or disabled, living in the community or facility, or serviced by managed care or fee-for-service. Data produced as part of the MCBS are enhanced with our administrative data (e.g., fee-for-service claims, prescription drug event data, enrollment, etc.) to provide users with more accurate and complete estimates of total health care costs and utilization. The MCBS has been continuously fielded for more than 30 years, encompassing over 1.2 million interviews and more than 140,000 survey participants. Respondents participate in up to 11 interviews over a four-year period. This gives a comprehensive picture of health care costs and utilization over a period of time.

The MCBS continues to provide unique insight into the Medicare program and helps CMS and our external stakeholders better understand and evaluate the impact of existing programs and significant new policy initiatives. In the past, MCBS data have been used to assess potential changes to the Medicare program. For example, the MCBS was instrumental in supporting the development and implementation of the Medicare prescription drug benefit by providing a means to evaluate prescription drug costs and out-of-pocket burden for these drugs to Medicare beneficiaries. Beginning in 2023, this proposed revision to the clearance will add a few new measures to existing questionnaire sections and will remove COVID-19-related content that is no longer relevant for administration. New respondent materials are also included in this request. The revisions will result in a net decrease in respondent burden as compared to the current clearance due to the removal of COVID-19 items.

Form Number: CMS-P-0015A (OMB: 0938-0568); *Frequency:* Occasionally; *Affected Public:* Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 13,656; *Total Annual Responses:* 35,998; *Total Annual Hours:* 46,680. (For policy questions regarding this collection contact William Long at 410-786-7927.)

2. *Type of Information Collection*
Request: Revision of a currently approved collection; *Title of Information Collection:* Application and Triennial Re-application to Be a Qualified Entity to Receive Medicare Data for Performance Measurement; *Use:* The Patient Protection and Affordable Care Act (ACA) was enacted on March 23, 2010 (Pub. L. 111-148). ACA amends section 1874 of the Social Security Act by adding a new subsection (e) to make standardized extracts of Medicare claims data under Parts A, B, and D available to qualified entities to evaluate the performance of providers of services and suppliers. This is the application needed to determine an organization's eligibility as a qualified entity. The information from the collection is used by CMS to determine whether an organization meets the criteria required to be considered a qualified entity to receive Medicare claims data under ACA Section 10332. CMS evaluates the organization's eligibility in terms of organizational and governance capabilities, addition of claims data from other sources, and data privacy and security. This collection covers the application through which organizations provide information to CMS to determine whether they will be approved as a qualified entity. This collection also covers the triennial re-application (CMS-10596; 0938-1317) through which organizations provide information to CMS to determine whether they are approved to continue as a qualified entity. *Form Number:* CMS-10394 (OMB control number: 0938-1144); *Frequency:* Occasionally; *Affected Public:* Not-for-profits institutions and Business or other for-profits; *Number of Respondents:* 30; *Total Annual Responses:* 30; *Total Annual Hours:* 3,800. (For policy questions regarding this collection contact Kari A. Gaare at 410-786-8612.)

Dated: March 30, 2022.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Judicial, Court, and Attorney Measures of Performance (New Collection)

AGENCY: Children's Bureau; Administration for Children and Families; HHS.

ACTION: Request for public comment.

SUMMARY: The Children's Bureau, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing to collect data for a new descriptive study, Judicial, Court, and Attorney Measures of Performance (JCAMP).

DATES: *Comments due within 30 days of publication.* The Office of Management and Budget (OMB) is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: This study will collect information from Court Improvement Program (CIP) staff to (1) understand data capacity and current use of performance measures and (2) gather feedback from the performance measure pilot process. This will be accomplished using two instruments:

JCAMP CIP Data Capacity Survey

The survey asks CIPs about their current capacity to collect specific data elements from the following six categories of measurement: (1) Legal and judicial context (e.g., court docketing), (2) Practices (e.g., attorney pre-petition legal practice), (3) Short-term outcomes that happen during hearings (e.g., discussion of key issues), (4) Intermediate outcomes that happen

during the case (*e.g.*, judicial continuity), (5) Long-term outcomes that happen after case closure (*e.g.*, child safety), and (6) Cross-cutting themes (*e.g.*, equity). The survey asks about capacity broadly and then specifically for a series of subcategories.

JCAMP Pilot Site Debrief Form

The JCAMP Pilot Site Debrief Form is a survey developed to be administered to CIP staff who have assisted with piloting of the performance measures. The survey asks participants about the

challenges and successes in collecting pilot data for the measures, their confidence in collecting the data going forward, and suggestions for improving future efforts.

Respondents: Respondents include CIP Administrators and staff.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
JCAMP CIP Data Capacity Survey	106	1	.83	264	88
JCAMP Pilot Debrief Form	24	1	.25	18	6

Estimated Total Annual Burden Hours: 94.

Authority: Section 5106, Public Law 111–320, the Child Abuse Prevention and Treatment Act Reauthorization Act of 2010, and titles IV–B and IV–E of the Social Security Act.

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Conversion of Enrollment Slots From Head Start to Early Head Start Multi-Case Study (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) is proposing a new information collection using qualitative case studies to examine how and why Head Start grant recipients convert enrollment slots from Head Start to Early Head Start and the facilitators and barriers to the implementation of high-quality Early Head Start services following conversion. This information collection aims to present an internally valid description of the experiences of up to six purposively selected cases, not to promote statistical generalization to different sites or service populations.

DATES: Comments due within 60 days of publication. In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing OPREinfocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: This primary data collection request for the Conversion of Enrollment Slots from Head Start to Early Head Start (HS2EHS) Multi-Case Study aims to gather qualitative data about the experiences of up to six grant recipients that have converted enrollment slots from Head Start to Early Head Start. The HS2EHS Multi-Case Study will collect information about (a) how and why each grant recipient converted enrollment slots from Head Start to Early Head Start; (b) strategic planning for and implementation of high-quality Early Head Start services following conversion; and (c) barriers and facilitators to the provision of high-quality Early Head Start services that meet community needs. The HS2EHS team will also collect information about the state and local early care and education context and community need for Early Head Start services.

Respondents: Head Start directors and staff, Head Start policy council members, Head Start Training and Technical Assistance staff, and state and local Early Care and Education leaders and community partners.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total/annual burden (in hours)
Prep Email Request (Director)	9	1	.5	5
Preparatory Interview Protocol (Director, Onsite coordinator)	18	1	1	18
Full Interview for Head Start staff Protocol	70	1	1.5	105
Full Interview for non-Head Start staff Protocol	12	1	1.5	18

Estimated Total Annual Burden Hours: 146 hours.

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper

performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility,

and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information